

CONGREGATIONAL SCHOOL SURVEY FOR EDUCATIONAL DIRECTORS

Synagogue: _____

Your Name: _____

of students in school: _____ K-6 _____ 7-12

Please indicate the number of students with documented special learning needs in your school: _____

Please estimate the number of students whose special learning needs although not documented require additional support: _____

Please estimate the number of students in your school who have:

- ___ learning disabilities
- ___ ADD/ADHD
- ___ behavioral/ emotional difficulties
- ___ physical disabilities
- ___ visual or auditory disabilities
- ___ cognitive delays
- ___ autism/ PDD or aspergers syndrome
- ___ gifted
- ___ other: _____

What percentage of your time is spent speaking with the parents and staff regarding students with special learning needs? _____%

How many students in your school attend with modified hours because of special learning needs? _____

How often do you receive calls from parents whose children are **not** enrolled in your school regarding special needs/ concerns?

___ Never ___ Rarely ___ Occasionally ___ Frequently

How often have you had to redirect parents of children with special learning needs because of your school's current inability to accommodate their needs?

___ Never ___ Rarely ___ Occasionally ___ Frequently

Do you have one or more teachers on you staff with a degree in special education or a related field?

___ Yes ___ No How many? _____

Do you have a learning specialist on staff who does **not** have a degree in special education or a related field?

Yes No How many? _____

What type of training has your staff received in the area of special education?

- graduate classes
- school inservices
- professional seminars outside of school
- BJE inservices
- mentoring
- consultation with BJE staff
- consultation with school learning specialist
- other: _____

In what way(s) do(does) your special education teacher/learning service students with special learning needs?

- self-contained Judaics class
- self-contained Hebrew class
- small group Hebrew tutoring
- one-to-one Hebrew tutoring
- teacher consolation
- other (please elaborate): _____

Do you have any students that have one-to-one aides/shadows in your school?

Yes No How many? _____

What are some of the common themes your teachers share with you regarding working with students that have special learning needs in their classes?

- medication related issues
- behavior management issues
- reading difficulties
- fine-motor difficulties
- social difficulties
- other (please elaborate): _____

Does your registration form request information about a student's special learning needs?

Yes No Please describe: _____

What percentage of families that have students with special learning needs do not share this information on the form or with teachers:

Many Several Few None

Does your school have a written special needs policy?

Yes No If you do, please attach to questionnaire.

How successful do you feel your school is meeting the needs of students with special learning needs?

Very Successful Successful Somewhat successful Unsuccessful

What additional supports would like available to your teachers to help them meet their student's educational needs?

What additional personnel/training/support would you like your school to have to better service students with special learning needs?

Other comments/suggestions:
